

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 2:37

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000097583

1. Corporation Name

TQS CONTRACTORS, CORP

2. Principal Office Address - No P.O. Box #

7891 West Flagler St.

Suite, Apt. #, etc.

#572

City & State

MIAMI, FL

Zip

33144

Country

USA

3. Mailing Office Address

"Same"

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2006

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALINA MOYA

Street Address (P.O. Box Number is Not Acceptable)

2524 WEST 65TH ST.

Suite, Apt. #, Etc.

City

HALEAH

State

FL

Zip Code

33016

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-25-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FERNANDO MOYA	7891 WEST FLAGLER ST. 572	MIAMI, FL, 33144
VP	ALINA MOYA	2524 WEST 65TH ST.	HALEAH, FL, 33016

STATEMENT 07-08

100126964141
04/30/08--01003--027 **300.00

TS 5/1/08

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] FERNANDO MOYA

4/25/08

786 239 8721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHED IS A CHECK FOR THE AMOUNT OF \$300.00